

Sprinkler Save Submission Form



Northern Illinois Fire
Sprinkler Advisory Board
Save Lives. Protect Property.

Tell Us About Your Fire Sprinkler Save

Please print clearly.

Date of Fire: _____ Time of Fire: _____

Name of Occupancy/Building: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Brief description of incident: _____

How many fire sprinklers activated: _____ Estimated amount of money saved: _____

Quote: (example: "The sprinkler system did a great job. Two heads activated, extinguishing and controlling the fire prior to our arrival. The Michael's Flower Shop was open for business the same day!" – Lt. Smith, ABC Fire Department)

Your Name: _____ Title: _____

Fire Department: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

All "Saves" will be posted in the Fire Sprinkler Times, on the Fire Sprinkler Saves List and on the Fire Sprinkler Saves Interactive Map on the website.

Fill out online at firesprinklerassoc.org/sprinkler-saves-submission-form
or email a filled-out PDF to: nifsab@nifsab.org